Revision:	STATE:	CALIFORNIA	(BPD)		ATTACHMENT 2.2-A Page 13a OMB NO.:
Agency*	Citation(s)	Gi	roups Covered	
		В.	Optional Groups C	Other Than the Medically	Needy (Continued)
			<u>X</u> (5	inpatients in ps programs (who ar Inpatient psych	ing active treatment as sychiatric facilities or re under the age of 22). niatric services for age 21 are provided
			(6	Other defined graph of the specified in ATTACHMENT 2.2	roups (and ages), as Supplement 1 of <u>2-A</u> .
TN No. <u>94-01</u> Supersedes TN No. <u>92-0</u>		Approval Date	NOV 1 8 1994	Effective Date	AP R 0 1 1994

HCFA ID:

Revision:	HCFA-PM-91-4 AUGUST 1991 State:	(BPD) CALIFORNIA	ATTACHMENT 2.2-A Page 14 OMB NO.: 0938-
Agency*	Citation(s)	Gr	oups Covered
(A)(Ì	a)(10) /x/ i)(VIII) e Act	(Continued) 8. A child for whom State adoption a (other than under Act), who, as de adoption agency, without medical special needs for and who before each a. Was eligible approved Medical b. Would have be standards and foster care puthe AFDC standards	there is in effect a ssistance agreement or title IV-E of the stermined by the State cannot be placed for adoption assistance because the child has or medical or rehabilitative care execution of the agreement— for Medicaid under the State's loaid plan; or seen eligible for Medicaid if the methodologies of the title IV-E program were applied rather than adards and methodologies.

TN No. 92-09
Supersedes 88-20
Approval Date NOV 18 1993

Effective Date JAN 01 1993

Revision:		HCFA-PM-91-4 AUGUST 1991 State:	(BPD) California	ATTACHMENT 2.2-A Page 14a OMB No.: 0938-
Age	ency*	Citation (s)	Groups Cov	ered
PAGE	NOT A	PPLICABLE B	Optional Groups Other That (Continued)	n the Medically Needy
	42 CF	r 435.223 <u>/</u> /		below who would be eligible inder the State's AFDC plan red under title IV-A:
	(A)(i	(a)(10) ii) and (a) of Act	Individuals under t 21 20 19 18 Caretaker relatives Pregnant women	

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Supersedes -20
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Approval Date NOV 18 1993

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ATTACHMENT 2.2-A (BPD) HCFA-PM-91-4 Revision: Page 15 AUGUST 1991 OMB NO.: 0938-California State: _ Citation(s) Groups Covered Agency* B. Optional Groups Other Than the Medically Needy (Continued) <u>//</u> 10. 42 CFR 435.230 States using SSI criteria with agreements under sections 1616 and 1634 of the Act. SSA The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--Based on need and paid in cash on a regular a. basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. Available to all individuals in the State. c. Paid to one or more of the classifications d. of individuals listed below, who would be eligible for SSI except for the level of their income. X (1)All aged individuals. __X_ All blind individuals. (2) X All disabled individuals. (3)

TN No. 92-09
Supersedes Approval Date NOV 18 1993
Effective Date 1AN 01 1993
HCFA ID: 7983E

Revision:	AUGUST 1991 State:	(BPD)	orni	ATTACHMENT 2.2-A Page 16 OMB NO.: 0938-
Agency*	Citation(s)			Groups Covered
PAGE NOT	APPLICABLE B.	Optional (Group	s Other Than the Medically Needy
			(4)	Aged individuals in domiciliary facilities or other group living
42 CF	R 435.230		(5)	arrangements as defined under SSI. Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			(7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
			(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
			(9)	Individuals in additional classifications approved by the Secretary as follows:

TN No. 92-09
Supersedes
TN No. 87-09
Approval Date NOV 18 1993

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HCFA ID: 7983E JAN 01 1993

HCFA-PM-91-4 ATTACHMENT 2.2-A Revision: (BPD) AUGUST 1991 Page 16a OMB NO.: 0938-California State: Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) The supplement varies in income standard by political subdivisions according to cost-of-living differences. Yes. X No. The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 92-09
Supersedes 7-09
TN No. Market NOV 18 1993

Effective Date JAN 01 1993

Revision:	AUGUST 199	1			ATTACHMENT 2.2-A Page 17 OMB NO.: 0938-	
	State:	C.A	LIFORNI	A		
Agency*	Citation(s	;)		Groups (Covered	
AGE NOT	APPLICABL		Optional (Continu	Groups Other T	nan the Medically Needy	
435. 1902	(a)(10)	<i>[</i>]	wit		ates and SSI criteria States under section 1616 or 1634	
	ii)(XI) he Act		a S opt tha	tate supplement ional State sup	ps of individuals who receive ary payment under an approved plementary payment program lowing conditions. The	
			a.	Based on need a basis.	nd paid in cash on a regular	
			b.	individual's co	fference between the untable income and the income o determine eligibility for	
			c.		l individuals in each and available on a Statewide	
			d.	Paid to one or of individuals	more of the classifications listed below:	
				(1) All aged	individuals.	
				(2) All blin	d individuals.	
				(3) All disa	bled individuals.	
TN No.	92-09			NOV 1 8 1003		
Superso	edes	Approv	al Date	NOV 1 8 1993	Effective Date JAN-01 1991	

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		State: _	CALIFORNIA				
Agei	ncy*	Citation(s)				Groups Covered	
PAGE	NOT	APPLICABLE	в.	Optiona (Contin		ups Other Than the Medically Needy	
					(4)	Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.	
				_	(5)	Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.	
					(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.	
					(7)	Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.	
					(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.	
					(9)	Individuals in additional classifications approved by the Secretary as follows:	

Revision:	HCFA-PM-91- AUGUST 1991 State:	4	(BPD) California	ATTACHMENT 2.2-A Page 18a OMB NO.: 0938-		
Agency*	Citation(s)		Groups Covered			
PAGE NOT A	PAGE NOT APPLICABLE B.		(Continued) The supplement va political subdivicost-of-living di Yes No The standards for	optional State supplementary ed in Supplement 6 of		

TN No. 92-09				
Supersedes	Approval Date	NOV 1 8 1993	Effective Date	JAN 01.1993

Agency* Citation(s)

PAGE NOT APPLICABLE

42 CFR 435.231 //
1902(a)(10)
(A)(ii)(V)

of the Act

(BPD)

California

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Optional Groups Other Than the Medically Needy (Continued)

Groups Covered

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

__ Aged __ Blind _ Disabled

Individuals under the age of--

Caretaker relatives
Pregnant women

TN No. 92-09 Supersedes TN No. 87-09

Approval Date _

NOV 1 8 1993

Effective Date JAN 01 1993